## **MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET** (FOR USE WITH FORM PTO-875)

**AS FILED** 

SERIAL NO. 10/507475

FILING DATE

**CLAIMS AFTER** AFTER 1st AMENDMENT 2nd AMENDMENT DEP. IND. DEP. IND. DEP. DEP. 

\*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

CLAIMS

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CLAIMS